

## The Division of Alcohol and Drug Abuse COMMUNITY COALITION APPLICATION

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Please complete this form if you wish to register your coalition with the Division of Alcohol and Drug Abuse. This information needs to be updated on an annual basis. If you have questions regarding this form, please contact a Prevention staff person at 573/751-4942.

What type of application is this? (Please check one) ☐New ☐Update

1. Date:

2. Coalition name:  
Coalition Leader's Name:

Street Address:

City:

Zip code:

Phone Number:

Fax Number:

Email:

Website:

County:

3. Please state the community coalition's Mission:

Please list the coalition's goals and objectives:

4. Please identify the coalition's members:  
Types of team members: (check all that apply)

- ☐ Civic leaders
- ☐ Locally elected officials
- ☐ Faith Community
- ☐ Parents
- ☐ School employees
- ☐ Students/youth
- ☐ Law enforcement
- ☐ Health providers
- ☐ Media representatives
- ☐ Housing representatives
- ☐ Local ethnic representative group members
- ☐ Other (Please list) –

5. How long has the coalition been in existence?

☐ Less than a year ☐ 1 -2 years ☐ 3-4 years ☐ 5 or more years

6. Does the coalition meet on a quarterly basis at a minimum? ☐Yes ☐No

7. Describe the geographic area served by the coalition by identifying the counties, cities, school districts, zip codes, census tracts, or block groups fully served.
  8. When was the last community needs assessment conducted?  
☐ Past Year      ☐ Past 2 years      ☐ Past 3 years      ☐ Never      ☐ Other
  9. Are the coalition's prevention activities part of a comprehensive prevention plan?  
☐ Yes      ☐ No
  10. Does the coalition support or implement an evidence-based program or best practice?      ☐ Yes      ☐ No  
 If so, what program?
  11. What types of activities does your coalition plan and support?
 

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Mentoring programs
<input type="checkbox"/> Project Prom/Graduation	<input type="checkbox"/> Media Campaigns
<input type="checkbox"/> After school programs	<input type="checkbox"/> Youth rallies
<input type="checkbox"/> Policy initiatives (e.g. keg registration)	
<input type="checkbox"/> Other (please list)	
  12. Please list the coalition's funding sources:
  13. Is your coalition a CADCA registered coalition?      ☐ Yes      ☐ No
  14. Does the coalition perform evaluation outcomes measurement to determine the effectiveness of programs and activities?      ☐ Yes      ☐ No  
 If so, please identify the evaluation process?
  15. Is your coalition a recipient of SPF SIG funds?      ☐ Yes      ☐ No
- ☐ I am aware that the information provided may be posted on the Missouri Prevention webpage ([www.missouriprevention.org](http://www.missouriprevention.org)) and viewed by the general public.

**Please forward application to your Regional Support Center.**

*Regional Support Centers should send them to:*

[Christina.Oliver@dmh.mo.gov](mailto:Christina.Oliver@dmh.mo.gov) Or

*Prevention, Division of Alcohol and Drug Abuse*

*1706 East Elm Street*

*Jefferson City, MO 65101.*

Jan. 11, 2006

**For Official Use Only**

State Senate District:  
 Regional Support Center:  
 Region:

State Representative District:  
 Regional Support Center Approval:

ADA Approval:

Coalition ID: